

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date  
of death 190

APR 13 1908

Age

Years

County

Months

Days

MARYLAND

Sex

Female

Color or  
Race

White

Birth-  
place

Virginia

Occupation

School

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

David Beall

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Elizabeth Walker

Mother's  
Birthplace

Virginia

Name of person giving  
In formation

John Beall

How related  
to deceased

Son

## CAUSES OF DEATH

27

Primary

Pneumonia

How long

3 weeks

Immediate

Pulmonary Tuberculosis

How long

3 months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

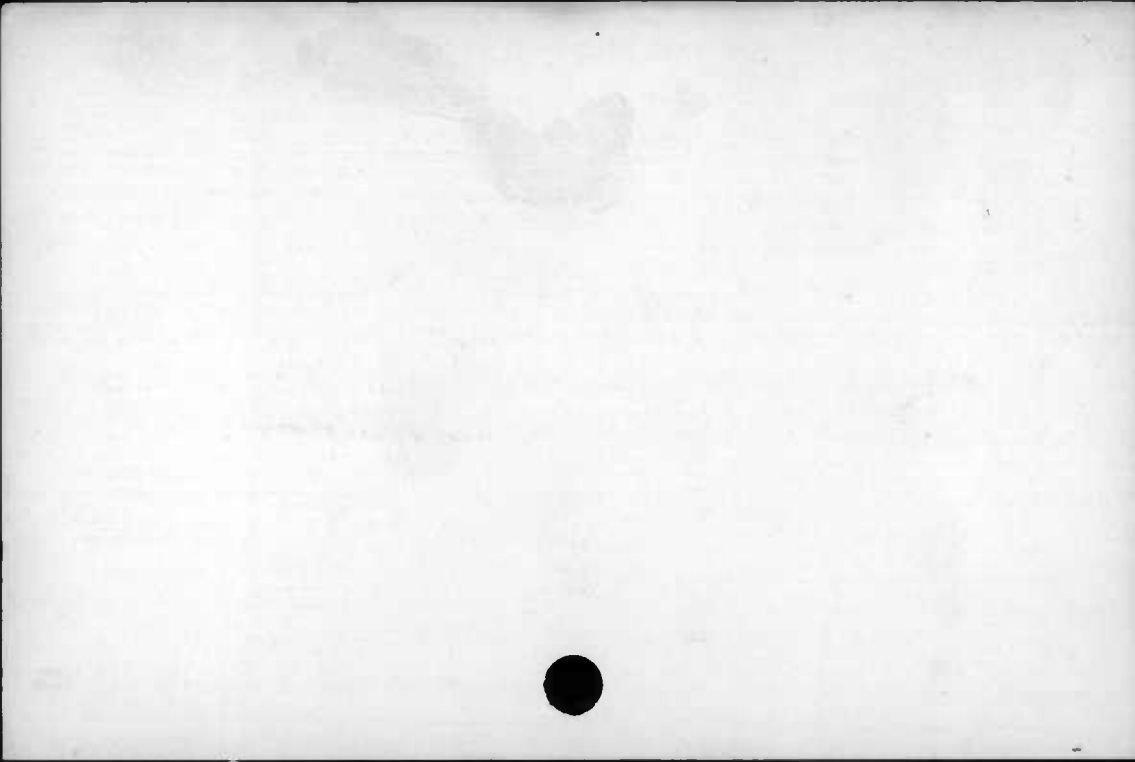
Address

N. J. P. Hall

Accident or Suicide?

X

Polonne, Md.



Name

In  
Full

Henrietta L. Bowie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

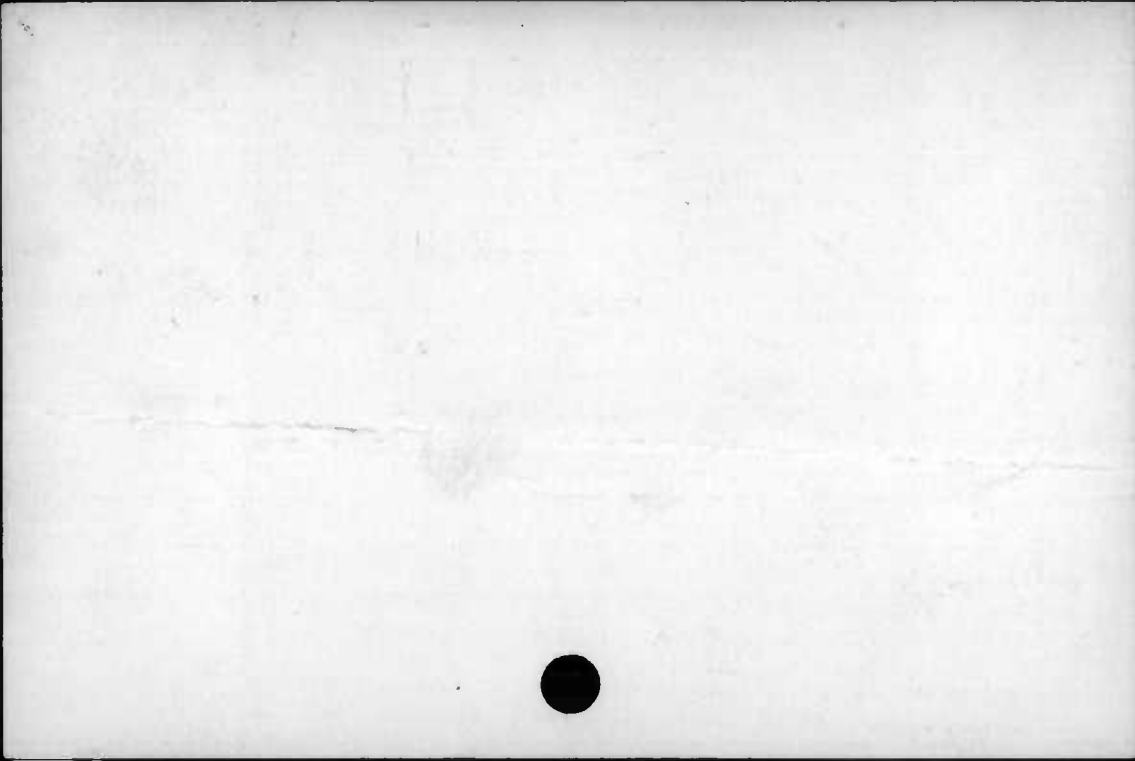
Died at <i>Forest Green</i> <sup>Town</sup>		<i>Wentgomery</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>4<sup>th</sup></i>	Day <i>2<sup>d</sup></i>	Age <i>73</i>	Months <i>4</i> Days <i>20</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>gentlewoman</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>John L. Bowie</i>	
Father's Name	<i>John Cowman</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Henrietta Leeket</i>			Mother's Birthplace	"
Name of person giving information	<i>Wm. S. H. Dickson</i>			How related to deceased	<i>daughter</i>

## CAUSES OF DEATH

145

PHYSICIAN  
OR CORONER

Primary	<i>diffuse Eczema neurotica</i>	How long	<i>3 months</i>
Immediate	<i>general exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>E. H. Wright</i>	
		Address	
		<i>Forest Green.</i>	
Accident or Suicide?			



Name  
in  
Full

Harriet Knight Bradford.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

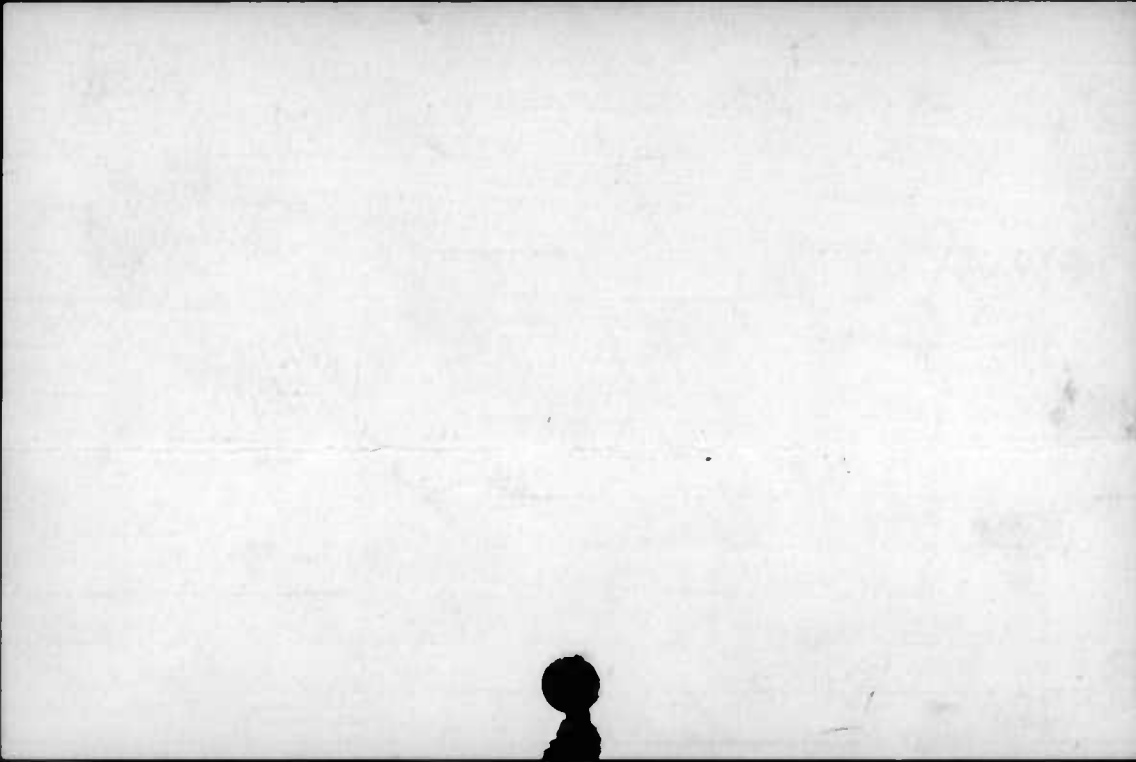
Died at <i>Woodside</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>6</i>	Age <i>65</i> <small>Years</small>	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place		
Occupation <i>housewife</i>	Where Residing if not at place of death <i>Joseph E. Bradford</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Joseph E Bradford</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Joseph E. Bradford.</i>			How related to deceased <i>husband.</i>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>3 years</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Alfred H. Parsons,</i>
	Address <i>Takoma Park, D.C.</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

*Mrs. Mary J. Brigg*

Died at *Gaithersburg* Town *Gaithersburg* County

Date of death *1908 April 16* Age *57* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Gaithersburg*

Occupation *Housewife* Where Residing if not at place of death *Gaithersburg*

Married, Single or Widowed *Widowed* Name of Wife or Husband *J. R. Brigg*

Father's Name *James H. Claggett* Father's Birthplace *Pa*

Mother's Maiden Name *Mary White* Mother's Birthplace *Pa*

Name of person giving information *John E. Sarah* How related to deceased *Sister*

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary *Gastritis*

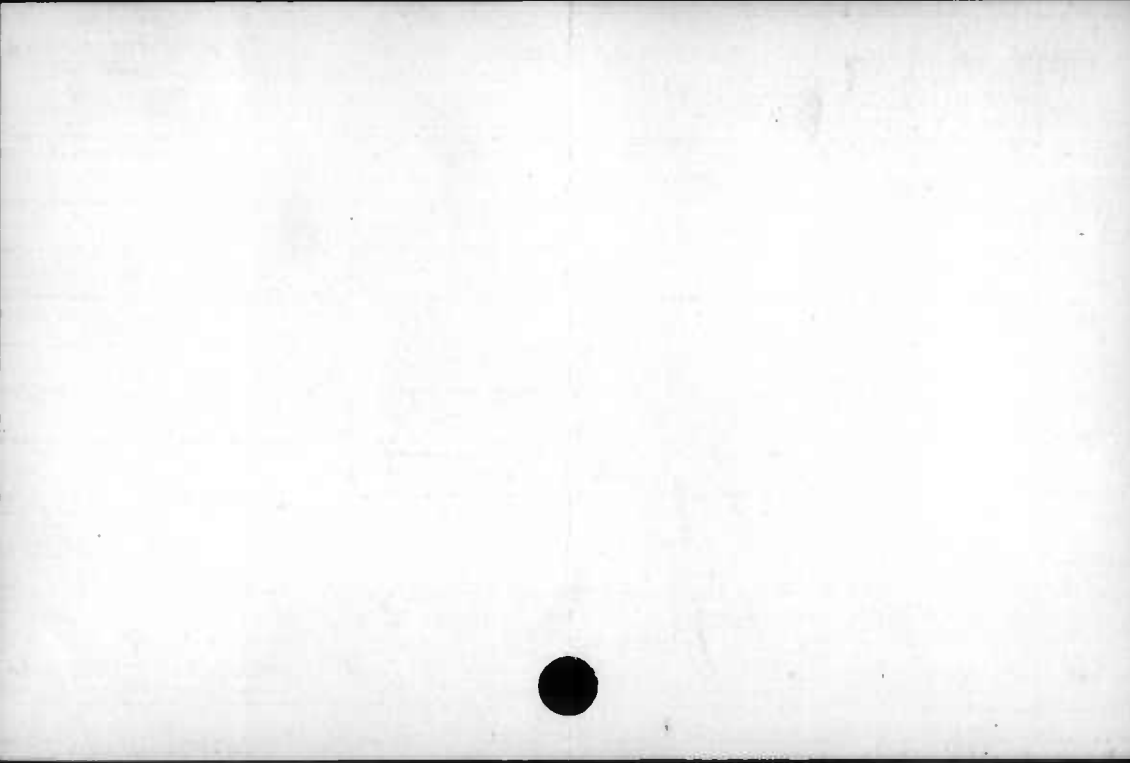
Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. J. E. E. E. E. E.*

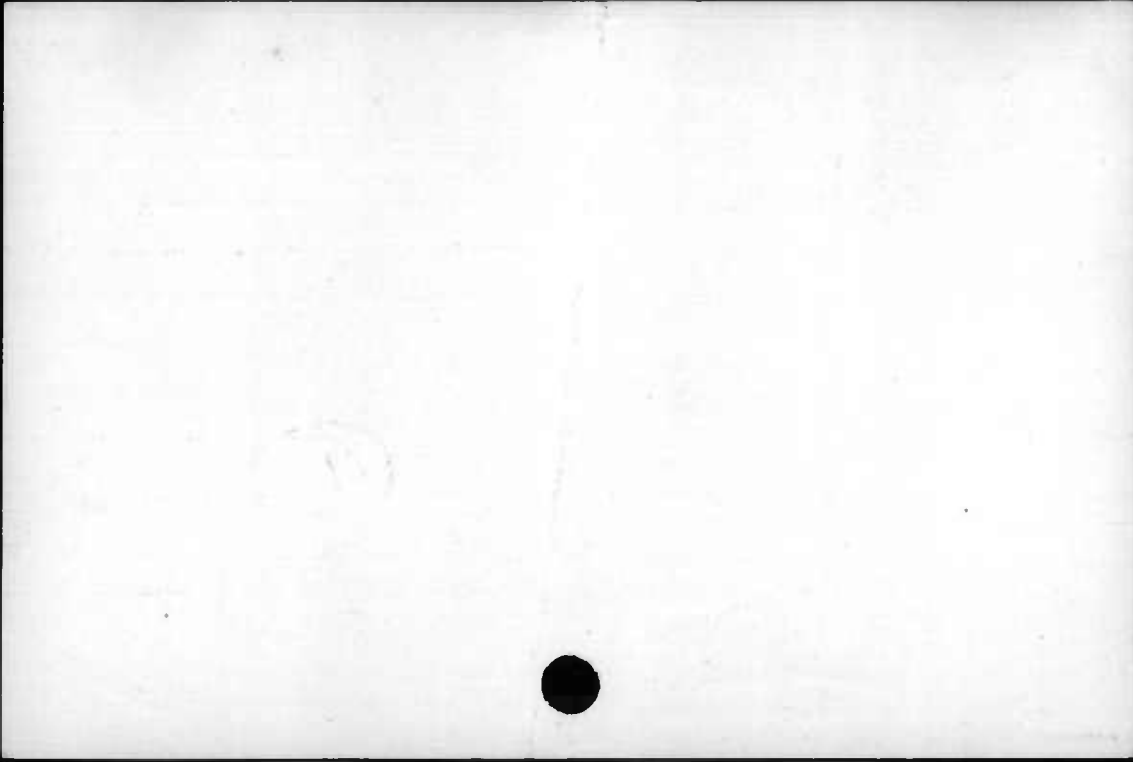
Address *Gaithersburg Md*

Accident or Suicide? ☐





Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Seneca</i> <small>Town</small>		<i>Montg</i> <small>County</small>		MARYLAND		
	Date of death	<i>1908</i>	<i>4</i> <small>Month</small>	<i>25</i> <small>Day</small>	<i>4</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
	Sex	<i>Male</i>		Color or Race	<i>Negro</i>		Birth-place
	Occupation	<i>—</i>		Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>			
	Father's Name	<i>Bozie Clipper</i>				Father's Birthplace	<i>Seneca Ind.</i>
	Mother's Maiden Name	<i>Petty Ward</i>				Mother's Birthplace	<i>Seneca Ind.</i>
Name of person giving information	<i>Physician</i>				How related to deceased	<i>—</i>	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">92</div>							
PHYSICIAN OR CORONER	Primary	<i>Bronch pneumonia</i>				How long	<i>2 weeks</i>
	Immediate	<i>Asphyxia</i>				How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician	<i>H. D. Mause</i>	
					Address	<i>Danisonville Ind.</i>	
Accident or Suicide? <i>—</i>							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

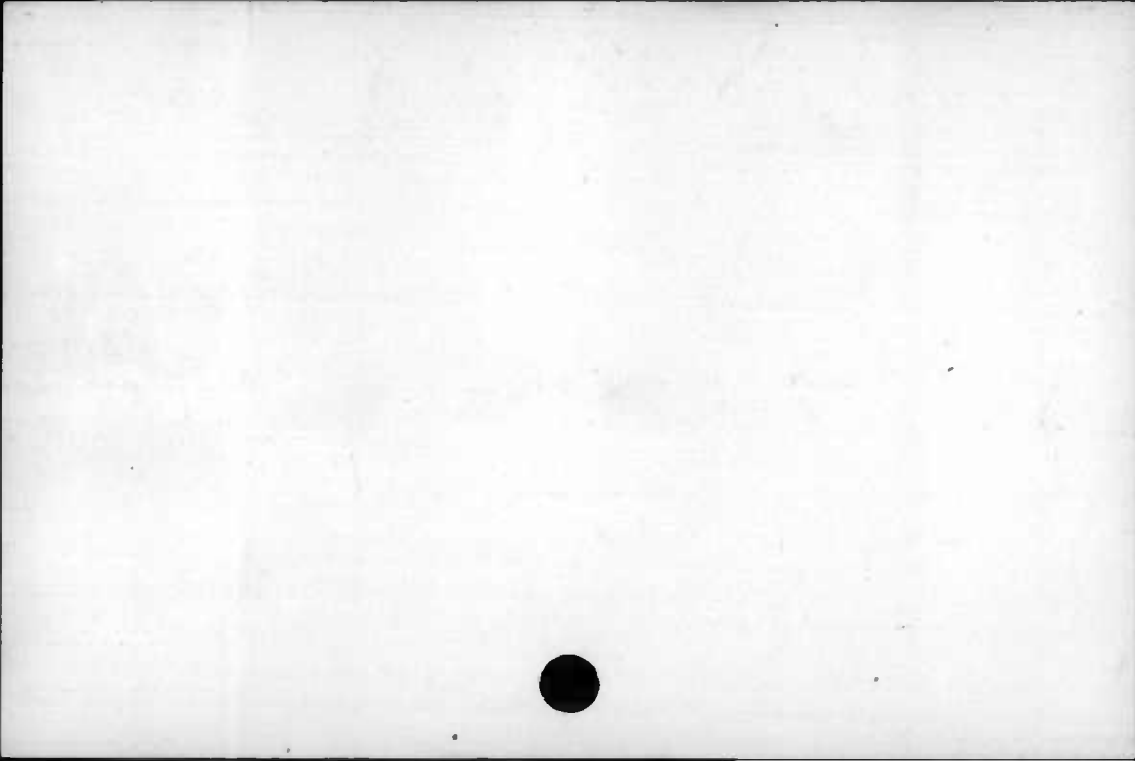
Name in Full <b>Lloyd Coats</b>		Town <b>Dansowille Md.</b>		County <b>Trinity</b>		State <b>MARYLAND</b>	
Died at		Date of death <b>1908 April 1</b>		Age <b>75</b>		Months <b>—</b> Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>Negro</b>		Birth-place <b>Trinity Co Md.</b>			
Occupation <b>Day labour on farm</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>Unknown</b>					
Father's Name <b>Unknown</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace <b>Unknown</b>					
Name of person giving information <b>U. S. Nourse</b>		How related to deceased <b>Son</b>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <b>Senile decay</b>	How long <b>1 yr.</b>
Immediate <b>Asthma</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>U. S. Nourse</b>
	Address <b>Dansowille Md.</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

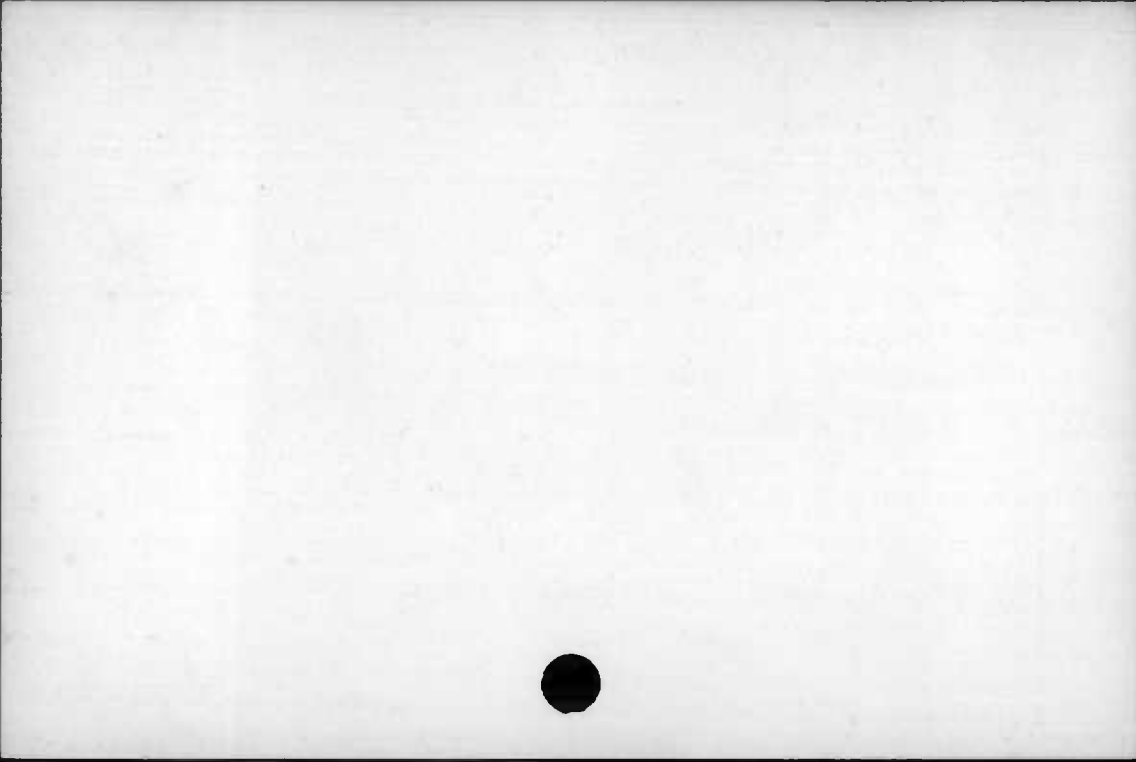
Name in Full <i>Julinda C. Darby</i>		Town <i>near Darwood</i>		County <i>Montgomery</i>		STATE <i>MARYLAND</i>	
Died at <i>near Darwood</i>		Month <i>4</i>		Day <i>19</i>		Years <i>76</i>	
Date of death <i>1908</i>		Month <i>4</i>		Day <i>19</i>		Age <i>76</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Harley J. Haley</i>		How related to deceased <i>Not at all</i>					

CAUSES OF DEATH

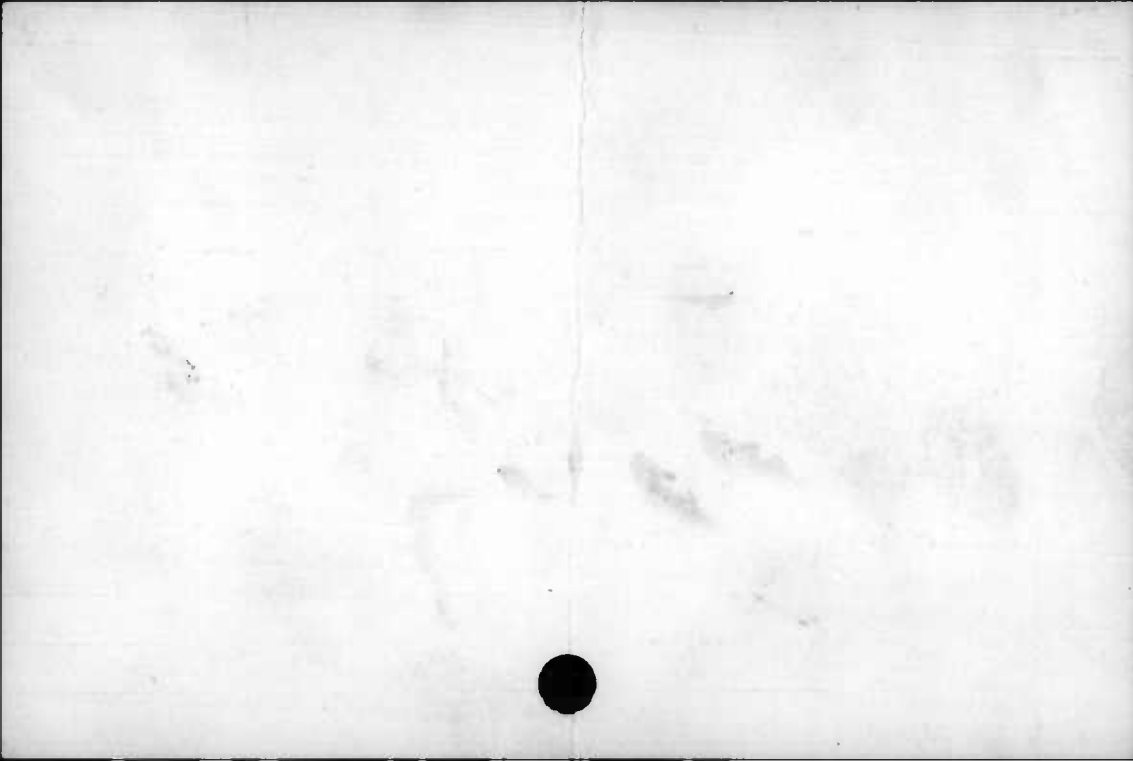
154

PHYSICIAN  
OR CORONER

Primary <i>Senile Debility</i>		How long <i>Two years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edward Anderson M.D.</i>	
		Address <i>Rockville, Md.</i>	
Accident or Suicide?			



Name in Full		Clinton R Davis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Emory Grove		County		MONTGOMERY	
	Date of death		1904		Age		8	
	Sex		Male		Color or Race		Colored	
	Occupation				Birth-place		Mok	
	Married, Single or Widowed				Where Residing if not at place of death			
	Father's Name		Robert H Davis		Father's Birthplace		Md	
	Mother's Maiden Name		Emeline Waters		Mother's Birthplace		"	
Name of person giving information		Robert H Davis		How related to deceased		Father		
		CAUSES OF DEATH		35				
PHYSICIAN OR CORONER	Primary		Leucemia		How long		Two years	
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E H Etchison	
	Accident or Suicide?				Address		Guthrie St. S. M. H.	





Name  
in  
Full

Archie. Dixon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Duckerson. <sup>Town</sup>Montg Co <sup>County</sup>

MARYLAND

Date of death 1908 Apr <sup>Month</sup>18. <sup>Day</sup>Age 23 <sup>Years</sup>       <sup>Months</sup>       <sup>Days</sup>Sex maleColor or Race whiteBirth-place Ind.Occupation Farmer.Where Residing if not at place of death Duckerson.Married, Single or Widowed marriedName of Wife or Husband Sadie DixonFather's Name John M DixonFather's Birthplace Heard CoMother's Maiden Name Laura AmesMother's Birthplace " "Name of person giving information Father.

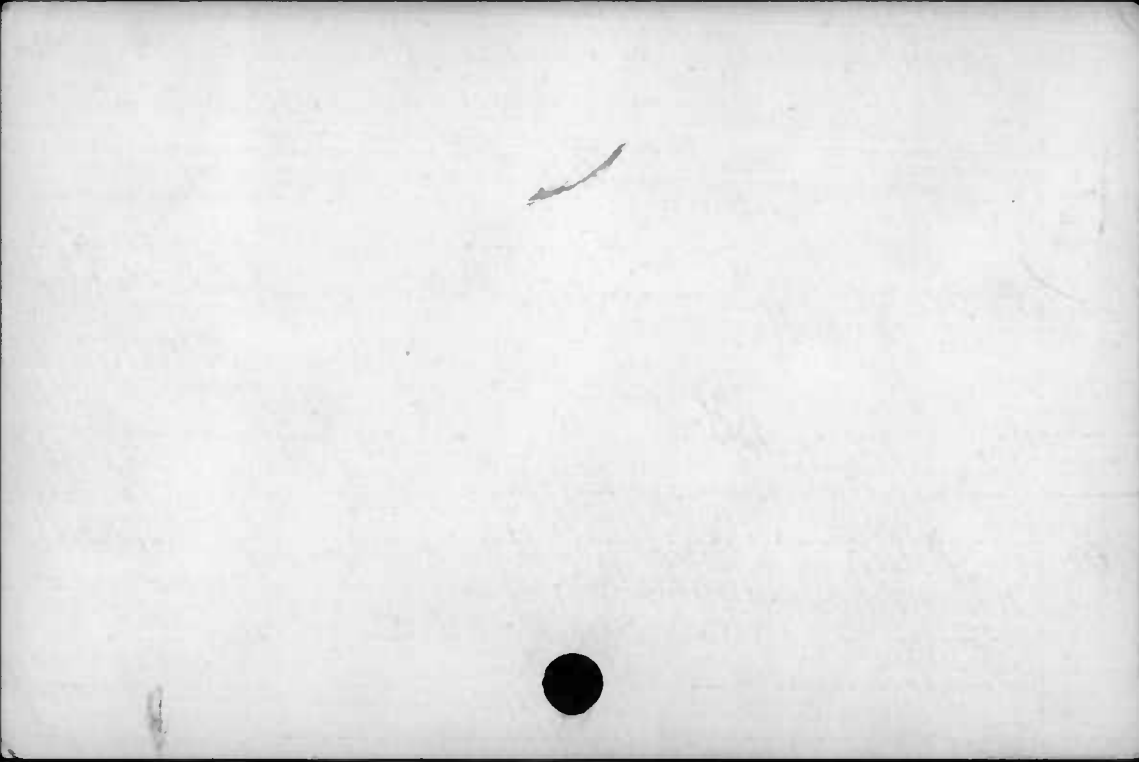
How related to deceased

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONERPrimary MeningitisHow long Four weeksImmediate Heart failureHow long Five daysAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician W. H. StomachAddress Barnville Ind

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

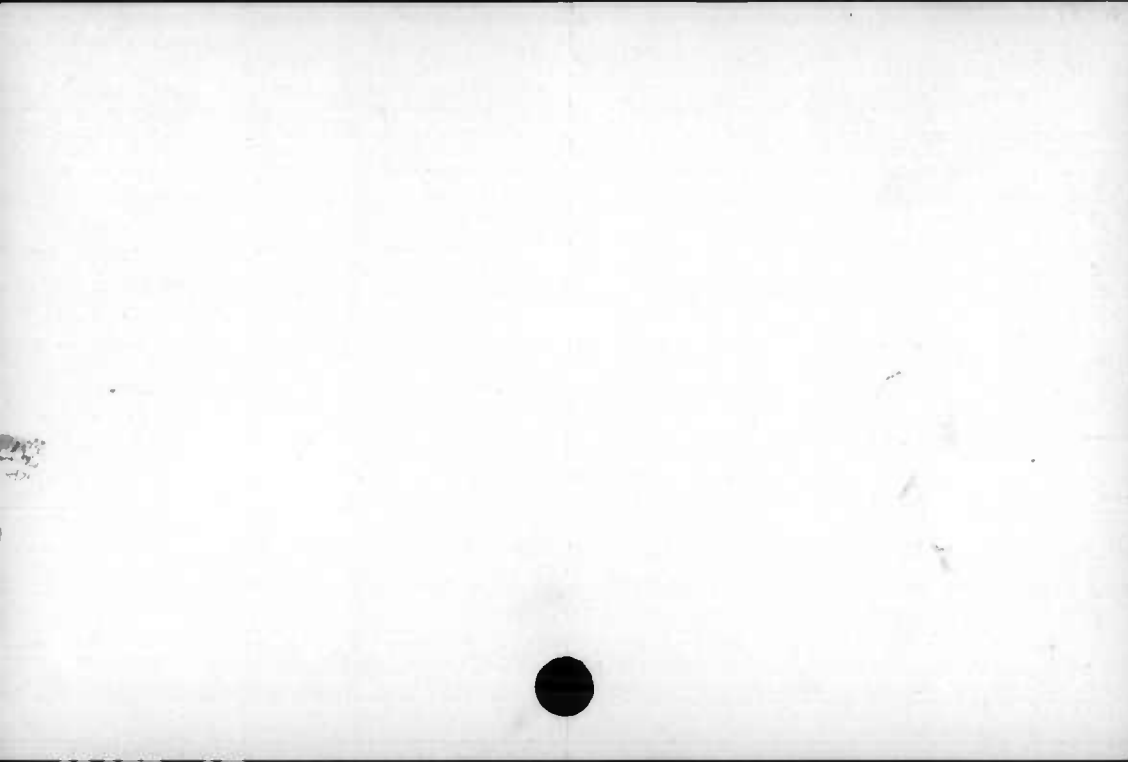
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

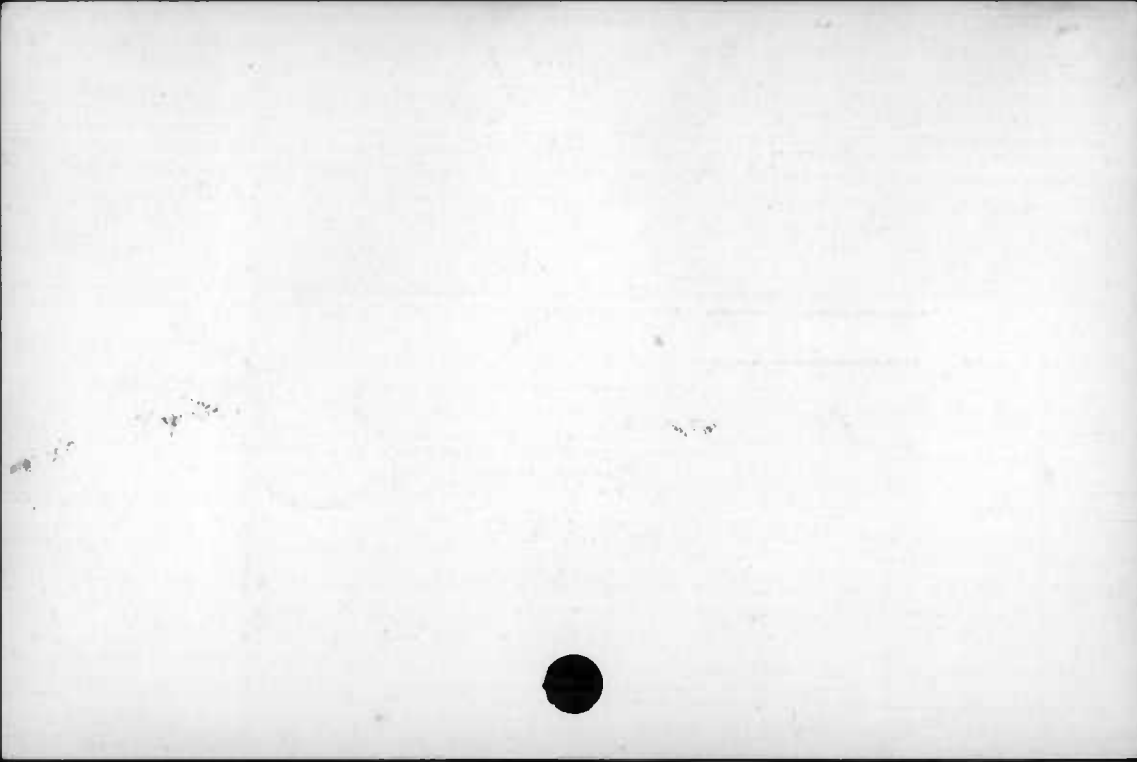
116

PHYSICIAN  
OR CORONER

Primary	Resident	How long	Four days
Immediate	Exhaustion	How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. J. O'Brien
		Address	Fairfaxburg
Accident or Suicide?			



Name in Full <b>Samuel Xields</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Cabin John</b>	County <b>Montgomery</b>	State <b>MARYLAND</b>
	Date of death <b>190</b>	Month <b>APR</b>	Day <b>11</b>
	Age <b>61</b>	Years <b>61</b>	Months <b>X</b>
	Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Md.</b>
	Occupation <b>Lock Tender</b>	Where Residing if not at place of death <b>X</b>	
	Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Catherine Xields</b>	
	Father's Name <b>Unknown</b>	Father's Birthplace <b>Unknown</b>	
Mother's Maiden Name <b>Unknown</b>	Mother's Birthplace <b>Unknown</b>		
Name of person giving information <b>Charles M. Xields</b>	How related to deceased <b>Son</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Cerebral Hemorrhage</b>	How long <b>four years</b>	
	Immediate <b>Paralysis</b>	How long <b>four years</b>	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>W. J. Pike</b>	
	Address <b>Polomac Md.</b>		
	Accident or Suicide? <b>Yes</b>		



Name  
in  
Full

Finley

## CERTIFICATE OF DEATH

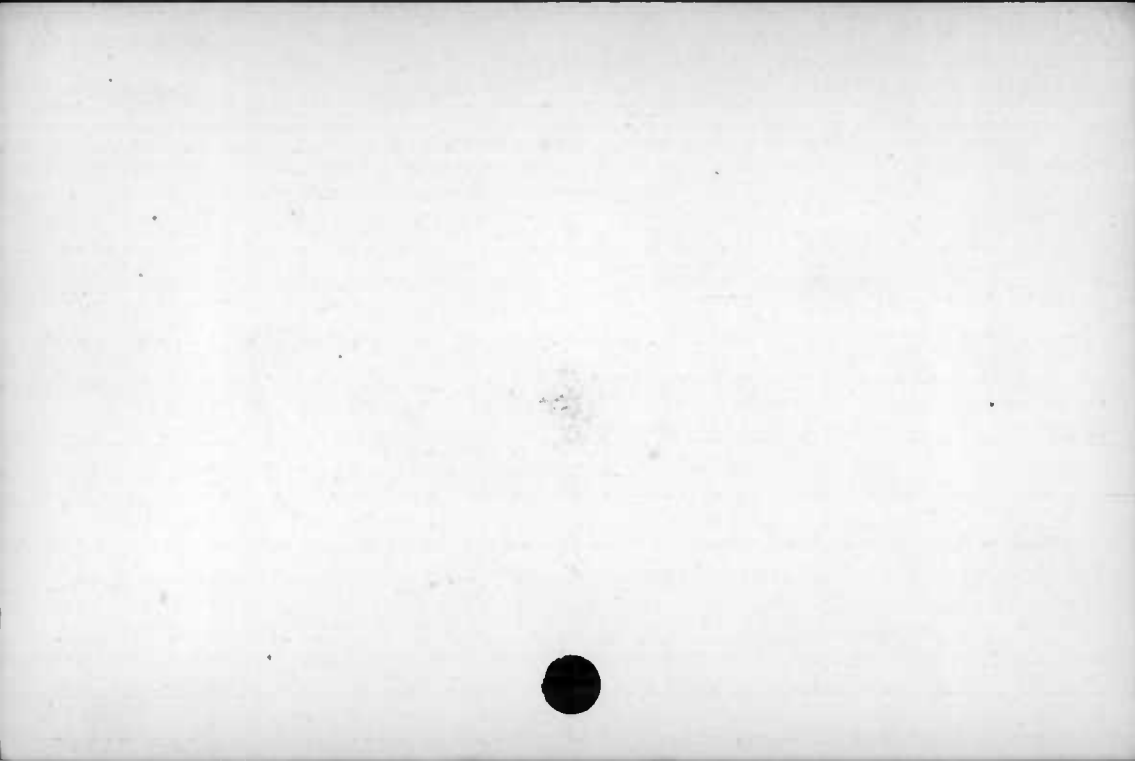
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>11</i>	Years <i>Stillborn</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Rockville</i>	
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Spencer Finley</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Lily Johnson-Finley</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Lily Johnson</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mother was thrown from a car</i>	How long <i>24 hours before</i>
Immediate <i>Hemorrhage of placenta</i>	How long <i>3 or 4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Claiborne H. Manna, M.D.</i>
	Address <i>—</i>
Accident or Suicide? <i>Accident</i>	





Name  
in  
Full

*Daniel Gray*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

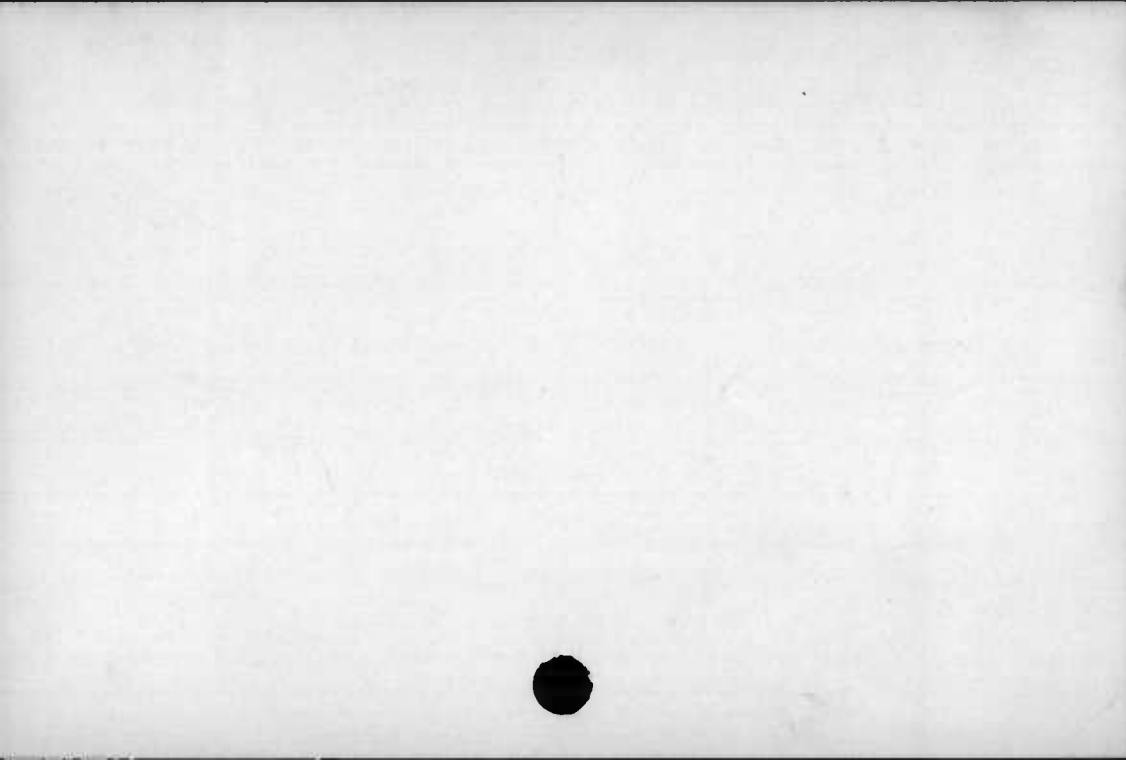
Died at <i>Rock Spring</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>13</i>	Years <i>60</i>	Months — Days —
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Md.</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Dont Know</i>				
Father's Name <i>Dont Know</i>		Father's Birthplace <i>Dont Know</i>			
Mother's Maiden Name <i>Dont Know</i>		Mother's Birthplace <i>Dont Know</i>			
Name of person giving information <i>Physician</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

**14**

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>—</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Stewellyn Eliot</i>
<i>Copy to L.D.</i>	Address <i>1106 P St. Wash D.C.</i>
Accident or Suicide? <i>no</i>	<i>H.O.</i>



Name  
in  
Full

Groomes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Unity</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1908	Month <i>Apr.</i>	Day <i>29</i>	Age	<i>Still born</i>	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Unity</i>
Occupation	<i>No occupation</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Walter Groomes</i>					Father's Birthplace	<i>Montg Co</i>
Mother's Maiden Name	<i>Marguerite Myers -</i>					Mother's Birthplace	<i>Honover</i>
Name of person giving In formation	<i>Walter Groomes</i>					How related deceased	<i>Father</i>

## CAUSES OF DEATH

S

PHYSICIAN  
OR CORONER

Primary	<i>Contracted before birth</i>	How long	<i>unknown</i>
Immediate	<i>Prolonged Labor</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes -</i>	Signature of Physician	<i>W. S. Groomes</i>
		Address	<i>Unity -</i>
Accident or Suicide?	<i>9</i>		



Name  
in  
Full

Augustus

Hackett

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Mt. Union<sup>County</sup> Montgomery

MARYLAND

Date of death 1908 April

Day 23rd

Age 18

Months

Days

Sex Male

Color or  
Race

Colored

Birth-  
place

Montg. Co., Md.

Occupation

Farm hand

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Augustus Hackett

Father's  
BirthplaceMother's  
Maiden Name

Abertia Johnson

Mother's  
Birthplace

Montg. Co., Md.

Name of person giving  
Information

William Oliver Magnude

How related  
to deceased

Step Father

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

About 5 months

Immediate

Asthma

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

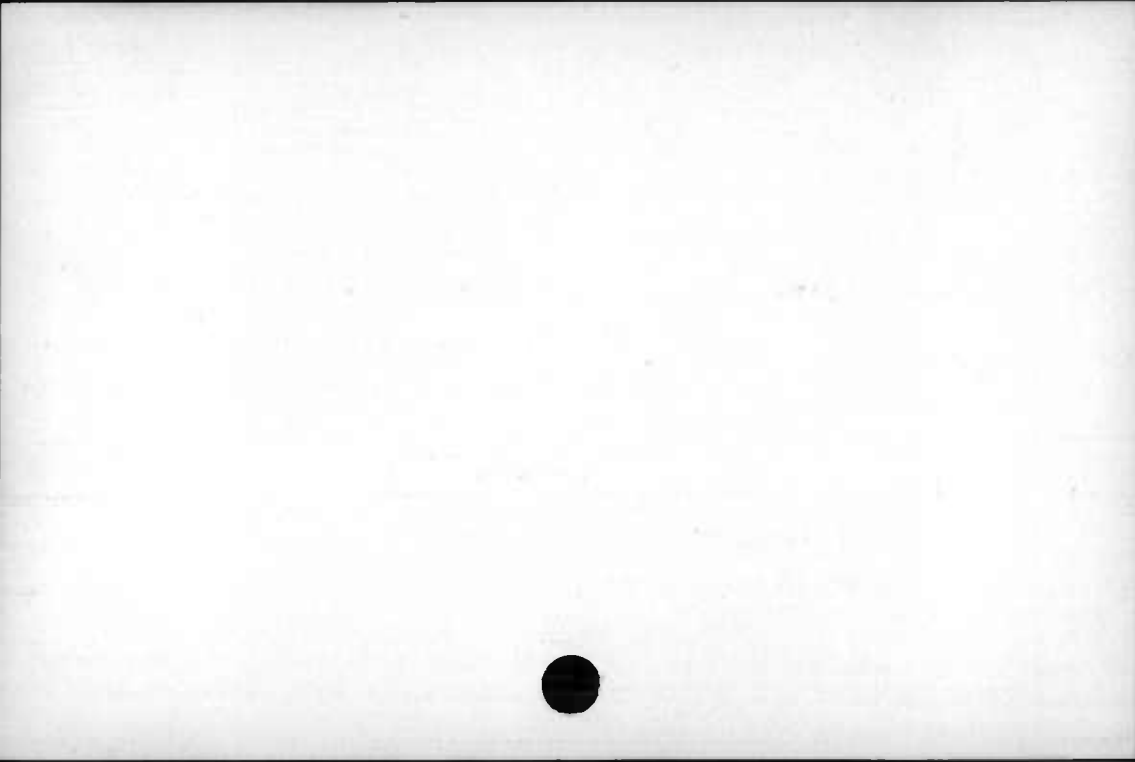
Chas. Farguhar, M.D.

Address

Shree,  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
FullW<sup>m</sup> Corvel Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

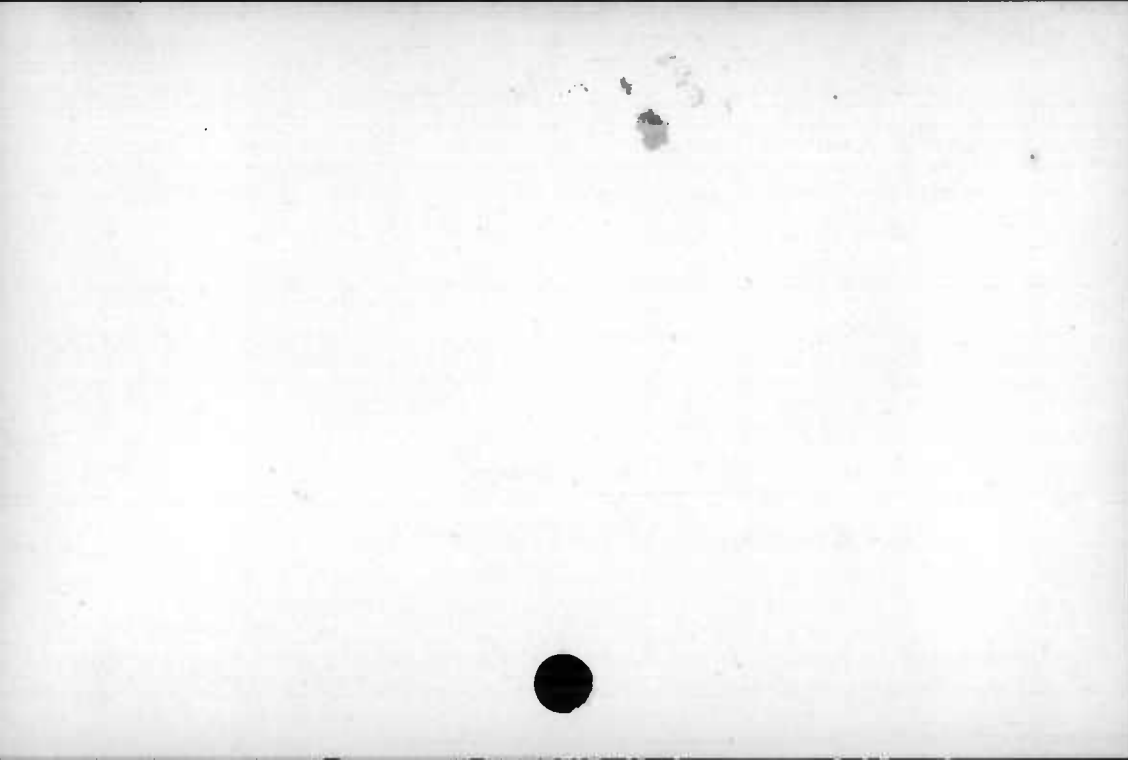
Died at <i>Cherry Chase</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1908	Month	April	Day	6
Age	38	Years		Months	
Sex	Male	Color or Race	white	Birth-place	Maryland
Occupation	Civil Engineer	Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed	Married	Name of Wife or Husband <i>Don't know</i>			
Father's Name	<i>Don't know</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Don't know</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Physician</i>			How related to deceased	<i>None</i>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>5 yrs</i>
Immediate	<i>Insult</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>L. W. Glynn</i>	
Address		<i>Washington DC</i>	
Accident or Suicide?			
<i>no</i>			





Name  
in  
Full

Still-born baby (Holmes)

## CERTIFICATE OF DEATH

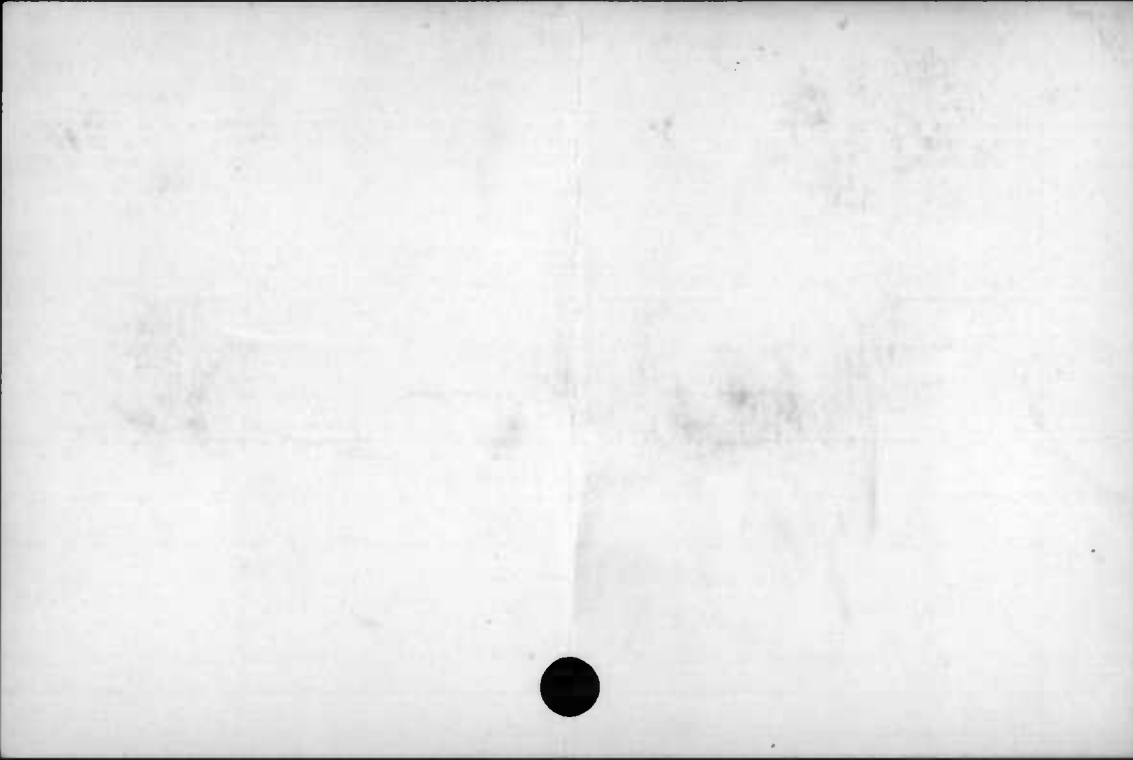
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bristow</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>17</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>male</i>	Color or Race <i>Blk</i>		Birth-place <i>Montg. Co. Md.</i>		
Occupation <i>0</i>			Where Residing if not at place of death <i>0</i>		
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>Allen Holmes</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Hannah Goldman</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Allen Holmes</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>accidental Fall of mother</i>	How long <i>✓</i>
Immediate	<i>✓</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John L Lewis</i>
<i>9</i>		Address <i>Bristow Md.</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

Louisa Fensier Jailliard

Town

County

Died at

Cherry Chase

Mont Co

MARYLAND

Date

of death 1908

Month

April

Day

25

Age

69

Months

7

Days

22

Sex

Female

Color or  
Race

White

Birth-  
place

Ohio

Occupation

(Widow)

None

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Charles Louis Jailliard

Father's  
Name

Louis Fensier

Father's  
Birthplace

France

Mother's  
Maiden Name

Doy

Mother's  
Birthplace

France

Name of person giving  
Information

Florence Dorry

How related  
to deceased

Daughter

## CAUSES OF DEATH

79

Primary

Chronic Endocarditis

How long

Many months

Immediate

Pulmonary Embolism

How long

Short time

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

James P. Morgan M.D.

Address

Deputy coroner  
Cherry Chase  
MD

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Grace E Lee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Danversville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Apr</i>	Day <i>12</i>	Age <i>7</i>	Years <i>3</i>	Months <i>3</i>
Sex <i>Girl</i>	Color or Race <i>white</i>		Birth-place <i>Bluefield - C.A.</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <input checked="" type="checkbox"/>			Name of <del>Wife or</del> Husband		
Father's Name <i>Henry H Lee</i>			Father's Birthplace <i>Ohio</i>		
Mother's Maiden Name <i>Angelique Reyes</i>			Mother's Birthplace <i>Managua C.A.</i>		
Name of person giving information <i>George H Lee</i>			How related to deceased <i>Grandfather</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>6 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. B. Hottel sub-reg</i>
	Address <i>Bolesville</i>
Accident or Suicide? <input checked="" type="checkbox"/>	<i>Ind</i>



Name  
in  
Full

Magnuder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

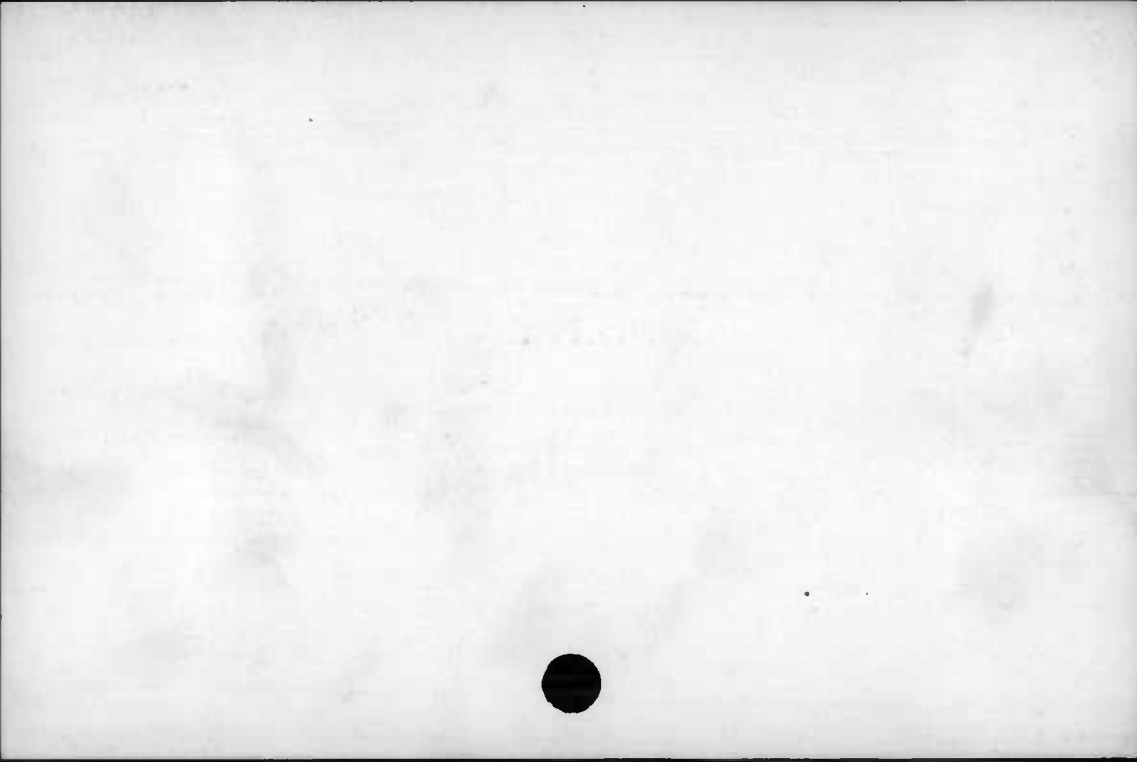
Died at <u>Army</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	1908	Month	4	Day	26
Age	Years		Months		Days
Sex	Male		Color or Race	Colored	
Occupation	—		Birth-place	Md	
Where Residing if not at place of death			—		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Lennie Magnuder		
Mother's Maiden Name			Lizzie Frazier		
Name of person giving information			Lizzie Magnuder		
Father's Birthplace			Md		
Mother's Birthplace			Md		
How related to deceased			Mother		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<u>Low return</u>	How long	—
Immediate	<u>Trans fusion</u>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>O. M. Smith</u>
		Address	<u>Dover</u>
Accident or Suicide?			<u>Md</u>





Name in Full		Mason				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Scotland		County Montgomery		MARYLAND
	Date of death	1908	Month Apr	Day 7	Age	Steeborn	Months — Days —
	Sex	Male		Color or Race	Black		Birth- place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name					Mother would not tell	
	Mother's Maiden Name					Lucy Mason	
PHYSICIAN OR CORONER	Name of person giving In formation					Lucy Mason	
	CAUSES OF DEATH					<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="font-size: 40px; font-weight: bold;">S</div> </div>	
	Primary						
	Gyphils of Placenta					How long	
	Immediate					How long	
Are the name, age, sex, color, date and place correctly given above?					yes		
Signature of Physician					C. H. Mannar M.D.		
Address					Rockville		
Accident or Suicide?					No		



Name  
in  
Full

George W. Rage (Page) 4/P

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at German town Montgomery MARYLAND  
 Date of death 1908 April 20 Age about 80  
 Sex Male Color or Race White Birth-place German town  
 Occupation Wheelwright Where Residing if not at place of death  
 Married, Single or Widowed Single Name of Wife or Husband  
 Father's Name do not know Father's Birthplace  
 Mother's Maiden Name " " Mother's Birthplace  
 Name of person giving Information " " How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary General case of dropsy about 3 years How long  
Gangrene How long 3 months  
 Immediate  
 Are the name, age, sex, color, date and place correctly given above? all guess Signature of Physician E. H. Etchison  
at Address Saithersburg Md  
 Accident or Suicide



Name in Full		Powers		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Wharton</i>		County <i>Montgomery</i>		STATE OF <i>MARYLAND</i>
	Date of death <i>1908</i>	Month <i>April</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
	Sex <i>Male</i>		Color or Race <i>Colored</i>	Birth-place <i>MD</i>	
	Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>		
	Mother's Maiden Name <i>Gertie Powers</i>		Mother's Birthplace <i>MD</i>		
Name of person giving information <i>W<sup>m</sup> Powers</i>		How related to deceased <i>Grandfather</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Difficult Labor</i>		How long <i>—</i>		
	Immediate <i>Still Born</i>		How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Lewis, M.D.</i>		
	Accident or Suicide? <i>no</i>		Address <i>Kennasonton</i>		



Name  
in  
Full

Etta Clark Pugh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bertusdown</i>		Town		<i>Montgomery</i>		County		MARYLAND					
Date of death	<i>1908</i>	Month	<i>4</i>	Day	<i>23</i>	Age	<i>3</i>	Years	<i>4</i>	Months	<i>4</i>	Days	<i>4</i>
Sex	<i>Female</i>			Color or Race	<i>white</i>			Birth-place	<i>Montg. Co. Md.</i>				
Occupation	<i>none</i>				Where Residing if not at place of death <i>✓</i>								
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband <i>✓</i>									
Father's Name	<i>Charles T. Pugh</i>							Father's Birthplace	<i>Virginia</i>				
Mother's Maiden Name	<i>Etta Phillips</i>							Mother's Birthplace	<i>Virginia</i>				
Name of person giving information	<i>Chas. T. Pugh</i>							How related to deceased	<i>Father</i>				

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>8 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John L. Lewis M.D.</i>
		Address	<i>Bertusdown Md.</i>
Accident or Suicide? <i>✓</i>			





Name  
in  
Full

Priscilla Brown Pumphrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Howard</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>4</i>	Day <i>4</i>	Years <i>about 100-</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
<del>Married, Single</del> <input checked="" type="checkbox"/> Widowed			Occupation <i>servant in house</i>		
Name of <del>Wife</del> <i>Honery Pumphrey</i> Husband					
Father's Name <i>don't know</i>			Father's Birthplace <i>unobtainable</i>		
Mother's Maiden Name <i>don't know</i>			Mother's Birthplace <i>unobtainable</i>		
Name of person giving information <i>L. H. Burke</i>			How related to deceased <i>not at all</i>		

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>age</i>	How long	<i>100. years</i>
Immediate	<i>Most likely heart failure</i>		How long
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Roger Burke</i>	
Address		<i>Sandy Spring Md</i>	
Accident or Suicide?		<i>9</i>	



Name  
in  
Full

Ida Rabbitt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Sarnet Pond* <sup>Town</sup>County *Montgomery*

MARYLAND

Date  
of death *1908*Month  
*4*Day  
*19*Age  
*52*

Months

Days

Sex *Female*Color or  
Race*white*Birth-  
place*Ind*

Occupation

*None*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
Husband*X*Father's  
Name*Thos. H. Rabbitt*Father's  
Birthplace*Ind*Mother's  
Maiden Name*Mary H. Ball*Mother's  
Birthplace*Ind*Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

**120**

Primary

*Chronic Nephritis*

How long

*18 months*

Immediate

*Uremia*

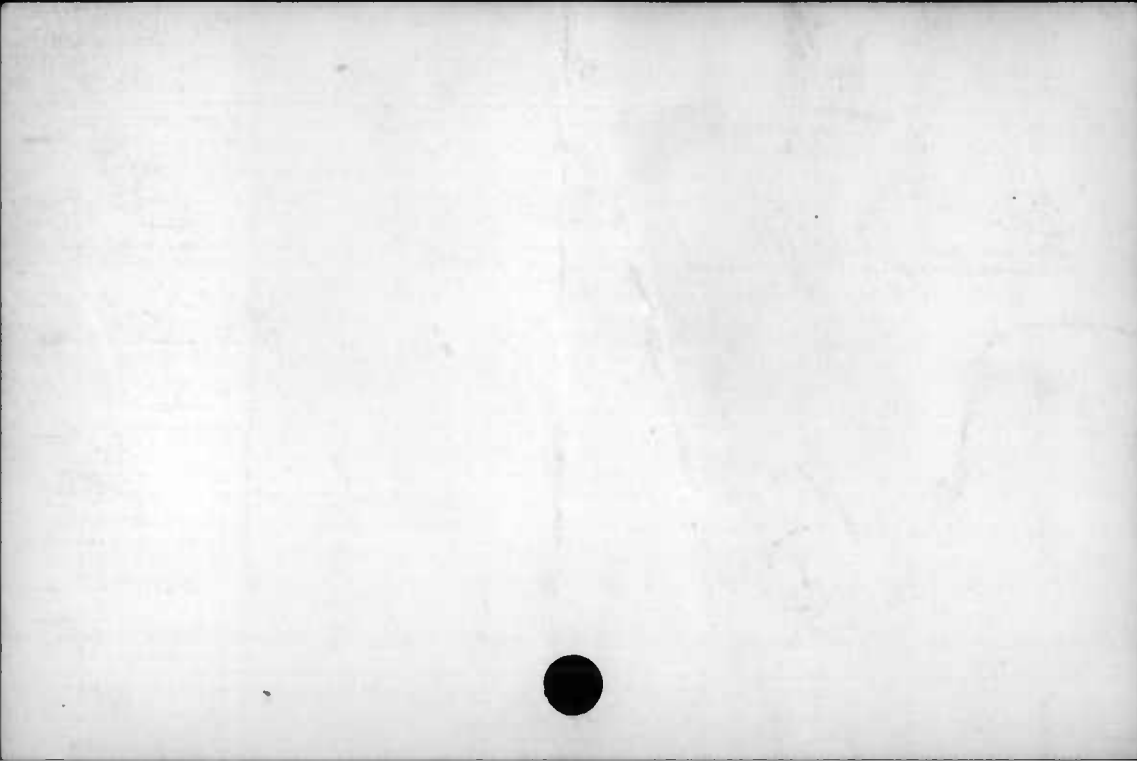
How long

*—*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*Dr. M. L. L. L. L.*

Address

*Rockville**Ind*

Accident or Suicide?



Name  
in  
Full

Lena. Rice

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

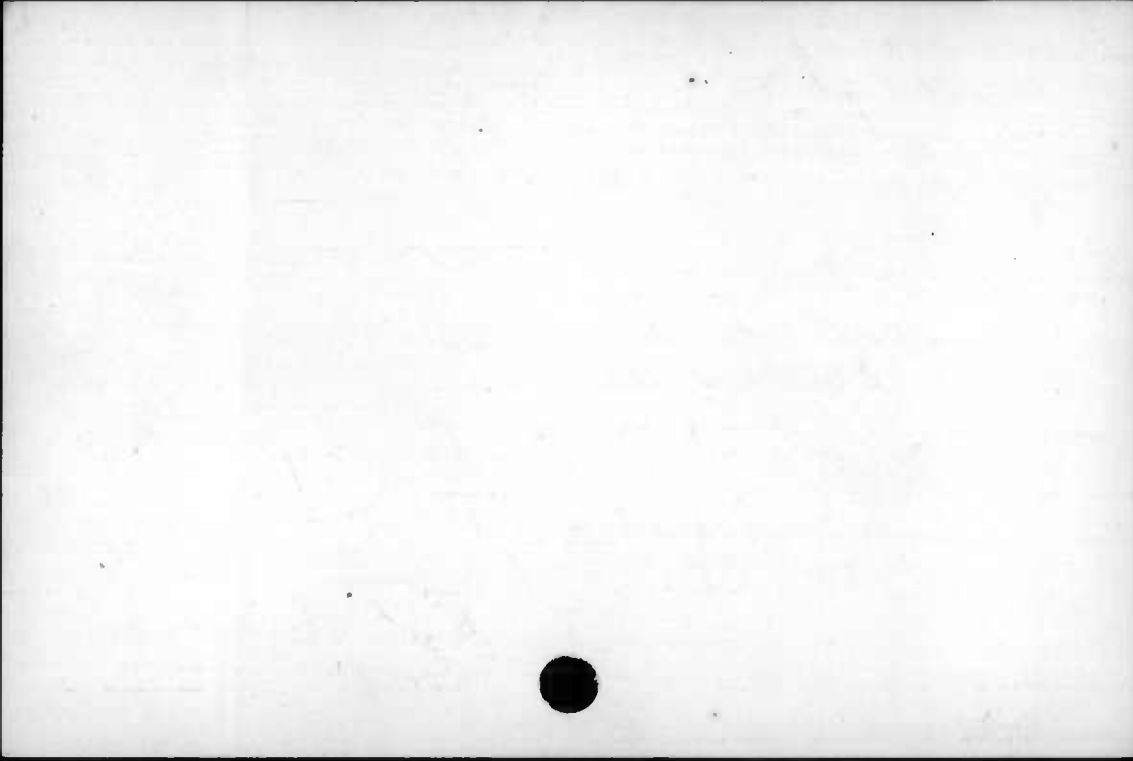
Died at <u>Boyd's</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	<u>1908</u> <u>April</u> Month	<u>2</u> Day	Age <u>20</u> Years	<u>—</u> Months	<u>—</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Montgomery Co. Md.</u>			
Occupation <u>House-keeper</u>	Where Residing if not at place of death <u>—</u>				
<del>Married, Single or Widowed</del>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Scott Rice</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Anna Walters</u>	Mother's Birthplace <u>Montgomery Co. Md.</u>				
Name of person giving information <u>Olevia Rice</u>	How related to deceased <u>Sister</u>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary tuberculosis</u>	How long <u>2 yrs.</u>
Immediate <u>Asphyxia</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. D. House</u>
	Address <u>Danversville Md.</u>
	<u>Premises disinfested</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Francis O. St. Clair

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

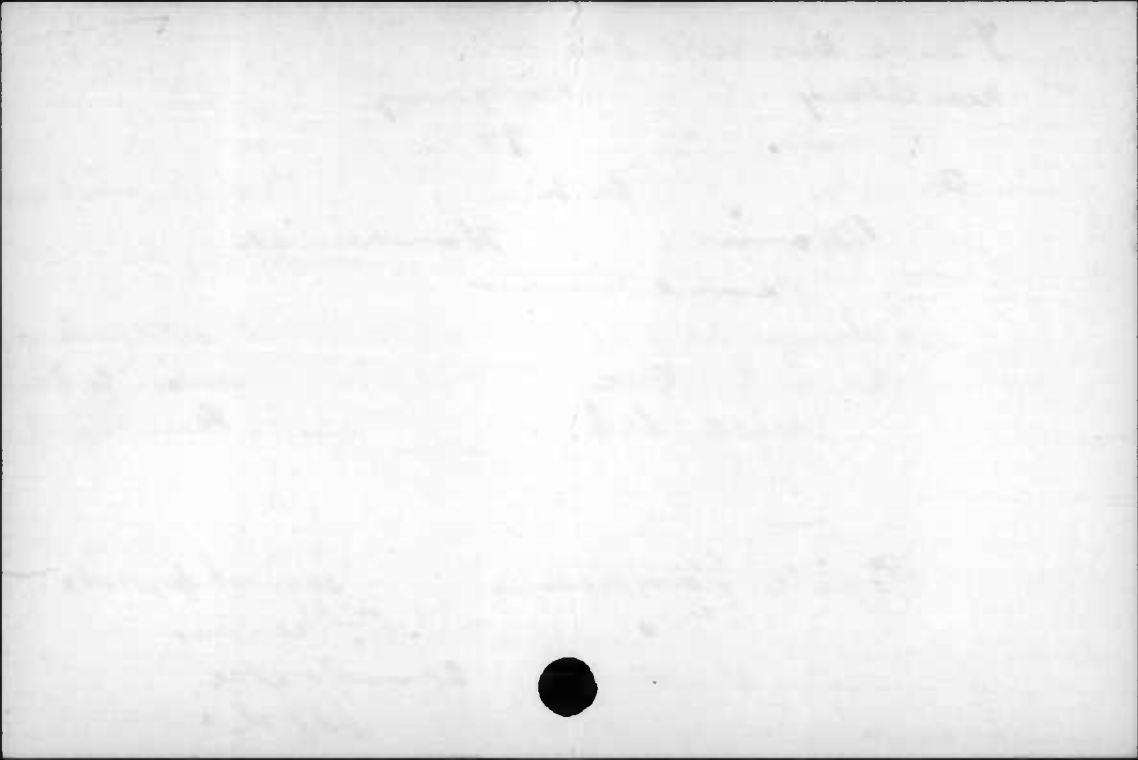
Died at <i>Bertusda</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND		
Date of death	<i>1908</i>	Month <i>4</i>	Day <i>17</i>	Age <i>69</i>	Months <i>✓</i>	Days <i>✓</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		
Birthplace	<i>New York State</i>					
Occupation	<i>Clerk State Dept. Wash. D.C.</i>					
Where Residing if not at place of death	<i>✓</i>					
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Matilda C. St. Clair</i>		
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Albion N.Y.</i>	
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>W. H. Larman</i>			How related to deceased	<i>Mother-in-law</i>	

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Atherosclerosis</i>	How long	<i>Several years</i>
Immediate	<i>Cerebral hemorrhage</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John L. Lewis M.D.</i>
		Address	<i>Bertusda Md.</i>
Accident or Suicide?	<i>✓</i>		





Name  
in  
Full

*Phebe Ann Stabler*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Olney</i>		Town <i>Montgomery</i>		County <i>Montgomery</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Apr.</i>	Day <i>23</i>	Age <i>78</i>	Years	Months <i>11</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>New Market Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of <del>Wife or</del> Husband <i>James Stabler</i>							
Father's Name <i>Joshua Russell</i>				Father's Birthplace <i>New Market</i>			
Mother's Maiden Name <i>Rachel Steer</i>				Mother's Birthplace <i>Loudoun Co. Va.</i>			
Name of person giving information <i>James Stabler</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

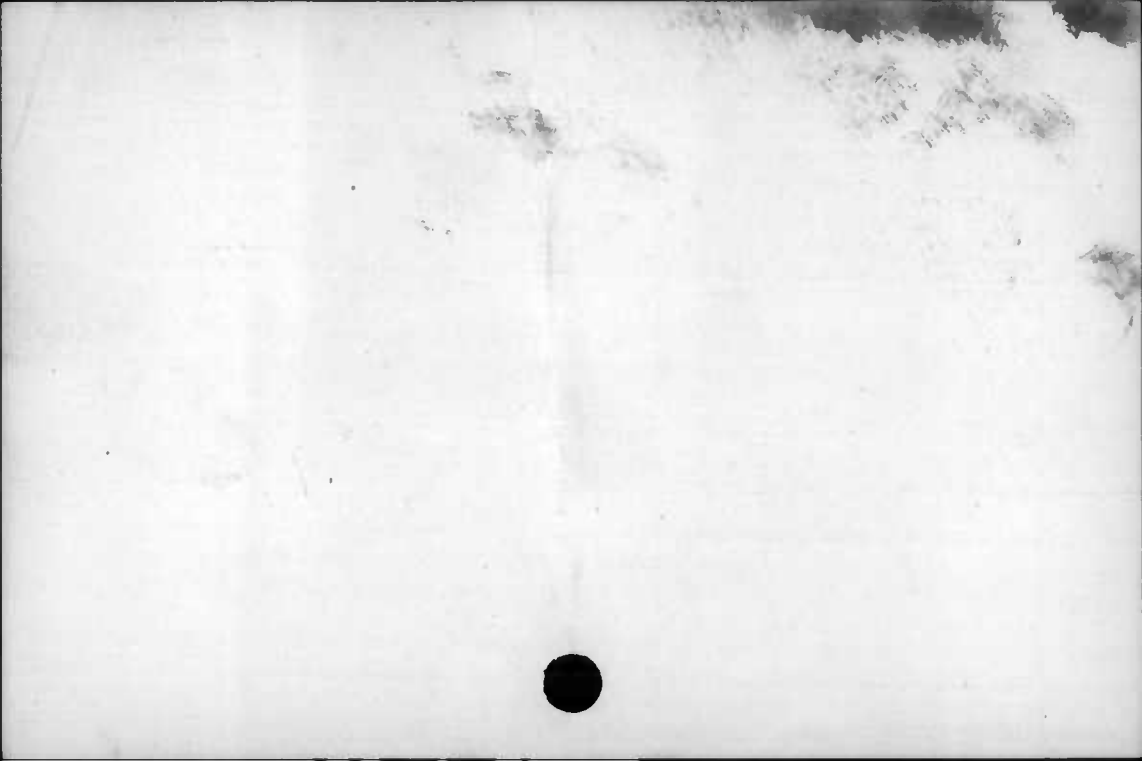
**142**

PHYSICIAN  
OR CORONER

Primary	<i>Senile Gangrene</i>		How long	<i>about 4 mos.</i>
Immediate	<i>Senile Gangrene</i>			
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W. F. Green</i>	
			Address <i>Brooksville Md</i>	
Accident or Suicide?				



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Rockville</i>		Town <i>Montgomery</i>		County
	Date of death <i>1908</i>		Month <i>April</i>	Day <i>24<sup>th</sup></i>	Age <i>67</i>
	Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>Ind.</i>
	Occupation <i>farm work</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>single</i>		Name of Wife or Husband		
	Father's Name <i>Charles Stevens</i>		Father's Birthplace <i>Ind.</i>		
	Mother's Maiden Name <i>Mary Cook</i>		Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Charles Stevens</i>		How related to deceased <i>father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Phthisis Florida</i>		How long <i>about 6 mons.</i>		
	Immediate <i>same</i>		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Q. Henderson M.D.</i>		
			Address <i>Rockville</i>		
	Accident or Suicide?		<i>Maryland</i>		



Name  
in  
Full

Wm Henry Wallace

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

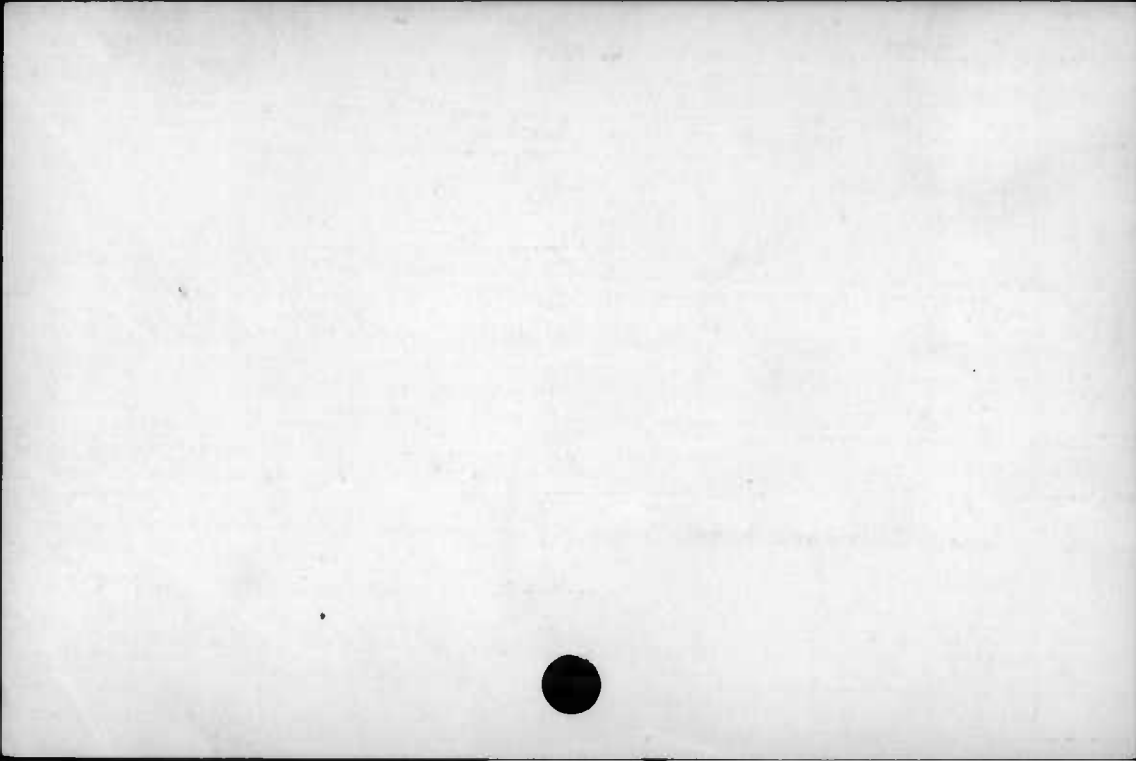
Died at		Town <i>Unity</i>		County <i>Montg</i>		MARYLAND	
Date of death	1908	Month	<i>April</i>	Day	13	Age	<i>15</i>
Sex		<i>Male</i>		Color or Race		<i>Colored</i>	
Occupation		<i>Burshing</i>		Birth-place		<i>Unity</i>	
Married, Single or Widowed				Where Residing if not at place of death			
Father's Name				Father's Birthplace			
<i>Isaiah H. Wallace</i>				<i>Unity</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Viola Thomas</i>				<i>Dayton</i>			
Name of person giving information				How related to deceased			
<i>Isaiah H. Wallace</i>				<i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Eutecty</i>	How long	<i>3 days</i>
Immediate	<i>Convulsions</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>H. B. Spurrin</i>	
		Address	
		<i>Unity</i>	
Accident or Suicide?			
<i>No</i>			



Name  
in  
Full

*Luther M. Watkins*

CERTIFICATE OF DEATH

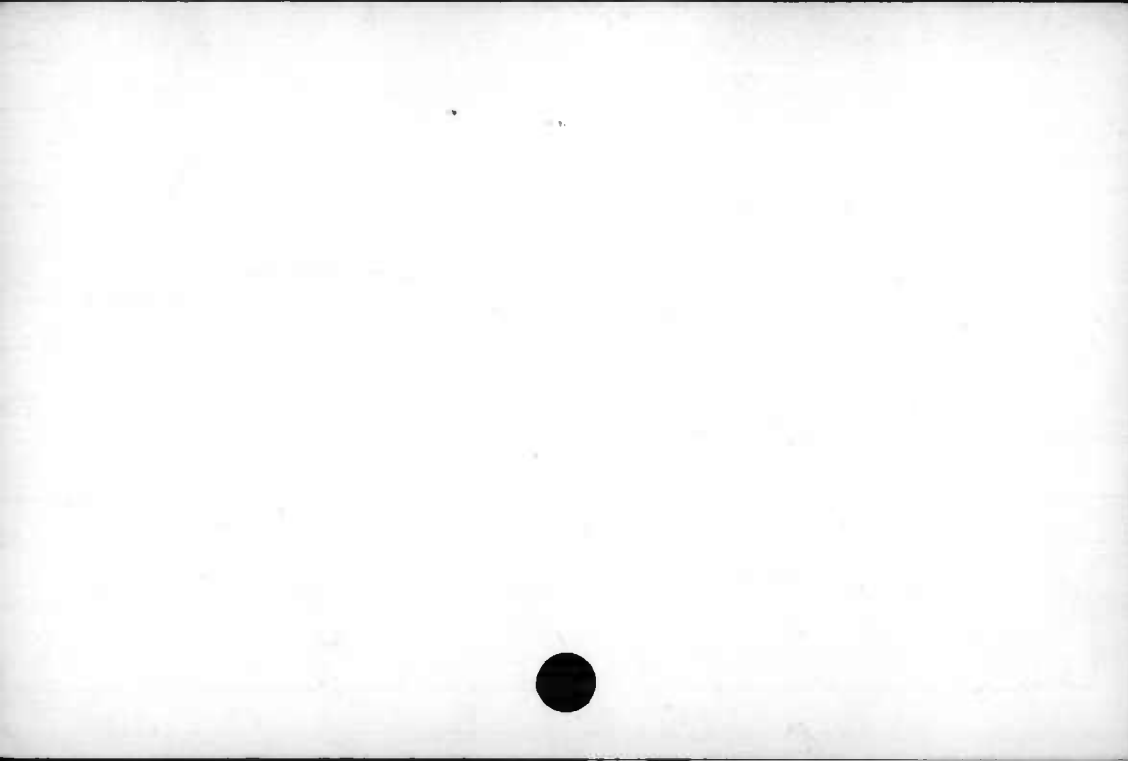
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hyattsville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	190 <i>8</i> Month <i>Apr</i>	Day <i>10</i>	Age <i>63</i> Years	Months <i>?</i>	Days <i>?</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>unknown</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>MRS. Luther M. Watkins (nee Davis)</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving Information <i>DR. R.C. FORT</i>	<i>M.D. &amp; P.</i>		How related to deceased <i>physician</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebrovascular</i>	How long <i>minutes</i>
Immediate <i>fell dead while building fire</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R.C. Fort M.D.</i>
	Address <i>unknown</i>
Accident or Suicide <i>Ind.</i>	





Name  
in  
Full

Francis Harry Wheatley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Burnt Mills <sup>Town</sup> Montgomery <sup>County</sup> **MARYLAND**

Date of death 1908 <sup>Month</sup> April <sup>Day</sup> 14 <sup>Years</sup> 12 <sup>Months</sup> 00 <sup>Days</sup> 00

Sex Male Color or Race Colored Birth-place Maryland

Occupation None Where Residing if not at place of death

☒ Married, Single or Widowed Single Name of Wife or Husband

Father's Name Joe Wheatley Father's Birthplace Ind.

Mother's Maiden Name Mary Cook Mother's Birthplace Ind.

Name of person giving information  How related to deceased

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis How long 1 yr.

Immediate Asphyxia How long 10 days

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician H. J. Brown

Address Elm Spring

Accident or Suicide? ☒

